SRF Disbursement Request Form															
Participant Information															
	Name: City	of West	Lafayette								SRF Loan N	umbe	er: WW 12792206		
	DUNS Number:	04 45	5 2636		CCR Nu	ımber:	6NKJ2				Request			54	
~	Mailing	Mailing 4711 West Navajo Street													
	City: West La	fayette			State:	IN					ZIP	4790)6		
	Contact Person:		Judith (C. Rhodes, 0	Clerk-Treas	surer	Con	tact Phone	Number:	76	55-775-5150				
	Authorized Repres	entative:	Mayor .	John R. Der	nnis, or C-T	آ J. Rhodes	Auti	norized Rep	oresentativ	/e Phone	Number:	765-	775-5	100	
	If requesting reiml	oursemer	nt to the Particip	ant by wire	transfer p	please provi	ide the fol	lowing info	rmation:						
	Bank Name: Bank Routing Number:														
	Account Name: Account Number:														
	Loan Informatio	n													
	Description of wor (services, fees, typ			g made	Nort	hside Regio	nal Lift Sta	ition and F	orce Main						
	Is any part of this	claim fun	ded by an altern	ate funding	g source?									YES	⊠ NO
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):								I							
	Is any part of this	claim fun	ded by the India	na Brownfi	elds Progr	am?								YES	⊠ NO
Has the Participant paid the request and is now seeking reimbursement?							☐ YES	⊠ NO							
	Is any part of this	claim a re	sult of a change	order? If y	es, please	attach the S	SRF change	e order app	oroval lette	er.				YES	⊠ NO
	Are there Green P	roject Res	serve componen	ts involved	in this rec	quest?								YES	⊠ NO
	If yes, please descr	ribe:			• • • • • •										<u> </u>
	Loan Financial Ir	formati	on			· · ·								1	
Original Loan Amount:															
	Total Amount of Previous Disbursements:					\$	3,817,657.00								
Balance Available After this Disbursement:												\$	379,373	.00	
	Amount to Contractor for this Request:					\$	2,970.00								
	Is any part of this r	equest a	partial or final r	elease of re	etainage to	o the contra	ictor?							☐ YES	⊠ NO
	Contractor Name:	(Greeley and Han	sen			DU	NS Numbe	r: 04	569 994	9	_			
	Mailing address:	l	ockbox 619775,	PO Box 61	97	4-									
	City: Chicago State: IL ZIP Code: 60680-619					197									
	Wiring Information:														
	Bank Name: Bank Routing Number:														
	Account Name: Account Number:														
	Retainage Amount for this Request:														
Participant requests that the retainage amount be held by SRF:								ļ							
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:															
	Participant requests that the retainage amount be sent to the following bank:														
	Bank Name: Bank Routing Number:														
Account Name: Account Number:															
	Total Amount of this Request: \$ 2,970.00														
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).															
	Authorized Representative Date: JAN 2 0					N 2 D 2(115								
	F1-4														
	For Internal Use Only: Approved By: Date: GPR \$														
	Approved By:							Date:			Ork		٠		

Kathy Henderson

From:

David Henderson

Sent:

Wednesday, January 07, 2015 7:28 AM

To:

Kathy Henderson

Subject:

FW: Aged Invoices - North Side Regional LS

Attachments:

0791C02 INV # 408121.pdf; 0791C02 INV # 412112.pdf

Importance:

High

Kathy,

These are the 2 remaining invoices that Greeley has not been paid.

Could you put together an SRF disbursement request, please?

Thanks, Dave

From: <Teusch>, Joseph <<u>iteusch@greeley-hansen.com</u>>

Date: Tuesday, January 6, 2015 at 8:20 AM

To: David Henderson < dhenderson@westlafayette.in.gov >

Subject: FW: Aged Invoices - North Side Regional LS

Good Morning Dave,

I apologize for the delay. During the delay we did receive payment for Inv. # 420416 on December 30.

Attached are the invoices for the following unpaid invoices:

Inv #	Inv Date	Inv Amount		
408121	07/11/14	\$6,577.16		
412112	09/29/14	\$2,970.14		

Please let me know if you have any questions.



Joseph M. Teusch, P.E. Office Director 7820 Innovation Boulevard, Suite 150 Indianapolis, Indiana 46278 P: 317.924.3380

greeley-hansen.com





100 S. Wacker Drive, Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1986 www.greeley-hansen.com

September 30, 2014

Mr. David Henderson Utility Director City of West Lafayette Wastewater Treatment Utility 500 South River Road West Lafayette, IN 47906

Subject:

North Side Regional Lift Station and Force Main

RPR Inspection Services Beyond Contract Substantial Completion

Invoice No. 412112

Dear David:

The enclosed invoice is for construction administration and inspection services beyond the Contract substantial completion date related to the North Side Regional Lift Station and Force Main project. As you know, the Contractor was notified that as of November 7, 2013 the liquidated damages provision of the Contract is in force until Substantial Completion is reached. As we discussed, the City can pursue reimbursement for construction services in accordance with the Contract Documents. The amounts can be deducted from the Contractor's monthly payment applications. Invoice No. 412112 covers services provided through August 22, 2014 including:

- Conducted Substantial Completion Site Inspection
- Issued Certificate of Substantial Completion with Punch List
- Prepared Meeting Agenda and Notes for July 30th Progress Meeting
- Prepared Meeting Agenda and Notes for August 13th Progress Meeting
- Continue to Track and Request the Following Punch List Item
 - o Spare Parts
 - o Operation and Maintenance Manuals
 - Warranties
 - o Test Reports
- Review and Request RL Turner Insurance Certificates

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

Jmt/img

For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number: Invoice Number:

INV-0000412112

Invoice Date:

09/29/14

Description:

FOR CONSTRUCTION SERVICES FOR THE NORTHSIDE REGIONAL LIFT STATION AND FORCE MAINS IN ACCORDANCE WITH THE AGREEMENT DATED SEPTEMBER 28, 2009, AMENDMENT NO. 1 DATED MARCH 29, 2010, AMENDMENT NO. 2 DATED JUNE 19, 2012 AND

AMENDMENT NO. 3 DATED JUNE 17, 2014

Bill To:

O. CITY OF WEST LAFAYETTE ATTN: MR. DAVID HENDERSON UTILITY DIRECTOR 500 SOUTH RIVER ROAD WEST LAFAYETTE, IN 47906

Customer Number.

0791

Contract Value

\$198,500,00

Cost: Fee: Total:

\$0.00 \$198,500.00

0791C.02 NORTHSIDE LS & FM 3RD SUB

Project Number: Project Name: Terms:

Due Date:

NET 30 10/29/14

Cumulative Amount Billed:

Remit To: GREELEY AND HANSEN

CHICAGO, IL 60680-6197

LBX 619776 P.O. Box 6197

\$174,361.53

Billing Period From:07/26/14 To:08/22/14

Direct Labor Total Direct Labor

Sub-Consultants Total ODC's

Salary Multiplier Total Multiplier

Invoice Total

Current Incurred Hours:

Current Amount \$928.17 \$928.17 \$0.00 \$0.00 \$2,041.97 \$2,041.97

\$2,970.14

Cumulative Amount \$52,425.48 \$52,425,48 \$6,600.00 \$6,600.00 \$115,336.05 \$115,336.05 \$174,361.53

23.50

Page 1 of 2



For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:	13	Project Number:	0791C.02		***************************************
Invoice Number:	INV-0000412112	Project Name:	NORTHSIDE LS & FM 3RD SUB	Invoice Date:	09/29/14

Non-T&M Labor Supporting Schedule

Group Description:

Total Direct Labor

Labor		T/S	Current	Current
Cat Desc	Empl/Vendor	Date	Hours	Amount
01 CIVIL- SANITARY ASSOCIATE	HEALY, TIMOTHY S		10.50	\$447.51
01			10.50	\$447.51
01		-	10.50	\$447.51
02 CIVIL-SANITARY ENGINEER	BARBER, D. BRETT		0,50	33,51
02		-	0.50	\$33.51
02		-	0.50	\$33.51
22 CONSTRUCTION ENGINEER	GELLER, GREG M		4.50	198.99
22		-	4.50	\$198.99
22		-	4.50	\$198.99
23 CONSTRUCTION TECHNICIAN	MONTGOMERY, BRENDAN M		8.00	248.16
23		-	8.00	\$248.16
23		-	8.00	\$248.16
Direct Labor		~	23.50	\$928.17
Total Direct Labor		-	23,50	\$928.17

T/S DAY	BARBER GELLER	HEALY	MONTGOMERY	Grand Total
07/30/14	2-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		4.00	4.00
07/31/14	0.50			0.50
08/01/14		0.50		0.50
08/04/14		4.00		4.00
08/08/14		1.50		1.50
08/12/14		1.00		1.00
08/13/14	0.50	1.50	4.00	6.00
08/15/14	0.50)		0.50
08/18/14		0.50		0.50
08/20/14	3.00	0.50		3.50
08/22/14	0.50	1.00	Torontoretti. (Edilethologo olombologo open propinski speciesta (propinski speciesta) politika (propinski speciesta)	1.50
Grand Total	0.50 4.50	10.50	8.00	23.50

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